ECHO Idaho: Managing Heart Failure in Primary Care
CASE RECOMMENDATION FORM

ECHO Session Date: 1/15/26 **Presenter Credential**: MD

Thank you for presenting your patient at ECHO Idaho –Managing Heart Failure in Primary Care session.

Summary: This patient is a 63-year-old male with HFpEF that recently improved to an LVEF of 51% from a low of 13%, linked to coronary artery disease and methamphetamine use. The patient's GDMT includes metoprolol succinate, sacubitril-valsartan, empagliflozin, and furosemide, but MRAs are avoided due to prior hyperkalemia and Stage 3 chronic kidney disease; the patient is adherent to this cardiac regimen but also uses tobacco and methamphetamine and is not taking prescribed atomoxetine for ADHD.

Key questions:

- Should we start colchicine for ischemic cardiomyopathy? Should we increase Entresto to maximum dose if BP room?
- Are there adverse effects of prescribed stimulants for ADHD in ischemic cardiomyopathy?

Thank you for your dedication to this patient!

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Overall Care Priorities

1. Optimize and continue GDMT
2. Control blood pressure
3. Address methamphetamine use as the highest-impact intervention
4. Use shared decision-making for revascularization
5. Take a pragmatic, patient-centered approach to diet and psychiatric care

Cardiovascular Management

- Colchicine
  - Not routinely recommended for this patient
  - Evidence for benefit is mixed, and positive trials largely exclude patients with heart failure
  - May be considered only in very select patients with recurrent coronary events and elevated high-sensitivity C-reactive protein, but not in this case
- GDMT
  - Continue GDMT despite improvement in EF
  - Improvement in EF is attributed to medical therapy and should not prompt discontinuation.
  - GDMT remains foundational even when EF improves to the low-normal range
- Entresto (sacubitril/valsartan)
  - Reasonable to up-titrate to control blood pressure if there is blood pressure room
  - In patients with improved EF, up-titration is driven by hypertension control rather than expectation of further EF improvement

    - If normotensive, additional up-titration may not provide meaningful benefit
- Beta-blocker (metoprolol)
    - Continue current beta-blocker therapy
    - No strong indication to switch to carvedilol solely due to methamphetamine use if metoprolol is tolerated
    - Risk of clinically significant unopposed alpha activity is considered very low based on observational data
    - No strong indication for further up-titration given improved EF

Coronary Artery Disease & Revascularization

- Revascularization is not the immediate priority at this time, given symptom burden and response to medical therapy
- Medical therapy should be optimized first
- Revascularization may be reconsidered if:
    - Angina persists despite optimal medical therapy
    - Recurrent acute coronary syndrome or hospitalizations occur
- Revascularization is viewed as complementary, not a replacement, for medical therapy.

Substance Use (Methamphetamine)

- Ongoing methamphetamine use is identified as the single greatest risk factor for morbidity and mortality
- Cardiovascular and cerebrovascular disease are leading causes of death in methamphetamine use
- No medical or procedural intervention can fully mitigate the cardiovascular risks associated with continued methamphetamine use
- Clear, direct counseling about the cardiovascular lethality of methamphetamine is recommended

ADHD and Psychiatric Management

- Stimulants
    - Generally avoided in patients with cardiomyopathy or heart failure due to arrhythmia and systolic dysfunction risk
    - May be considered cautiously in select patients without active substance use and with preserved EF if quality of life necessitates it
    - If stimulants are used, close cardiovascular monitoring is recommended
- Atomoxetine
    - Limited evidence for benefit in methamphetamine use disorder
    - Anecdotally may worsen cravings in some patients
- Bupropion
    - Recommended as a reasonable alternative
    - Has evidence for methamphetamine use disorder and off-label benefit for ADHD
    - Consider if no contraindications are present

Nutrition & Lifestyle

- Start simple and realistic dietary interventions
- Initial focus:
    - Sodium restriction (benefits heart and kidneys)
    - Regular meal intake
- Avoid overwhelming the patient with complex dietary changes.
- Address food access and preparation habits before detailed macronutrient counseling